This form must be completed by the Director of Pupil Personnel and emailed to (address) in the Kentucky Department of Education by January 26, 2006. This application must be completed and emailed regardless of whether the local public school district has displaced students in public and/or non-public schools.

Kentucky

Application by Local Public School District for Emergency Impact Aid for Displaced Students

Name of Public School District:	Name of Contact Person for District:	
Street/P.O. Box:	Title:	
City:	Phone:	Fax:
State & Zip:	E-Mail:	

Report total number of **displaced** students in the school district by category (not receiving or receiving special education services). Include a student in only one category. **Displaced student** means a student who enrolled in a school (other than the school that the student was enrolled in, or was eligible to be enrolled in, on August 22, 2005) because the student resided on August 22, 2005 in an area for which a major disaster has been declared related to Hurricane Katrina or Hurricane Rita. Use whole numbers only. The number of displaced students enrolled in non-public schools is taken from the **Certification by Non-Public Schools for Emergency Impact Aid for Displaced Students**. **Include only the displaced students who were enrolled on the count date.**

- For Quarter 1 and Quarter 2, report the number of displaced students as of the reporting date for that quarter.
- Submit data for Quarter 3 and Quarter 4 as they become available as of the reporting date for that quarter.

Public Schools Total number of displaced students enrolled in the public elementary and secondary schools of the school district:	Quarter 1 Count Date October 1, 2005	Quarter 2 Count Date December 1, 2005	Quarter 3 Count Date February 1, 2006	Quarter 4 Count Date April 1, 2006
Who <u>are not</u> receiving special education and related services consistent with IDEA.				
Who <u>are</u> receiving special education and related services consistent with IDEA.				
Non-Public Schools Total number of displaced students enrolled in the non-public elementary and secondary schools located in the school district and for whom the district expects to provide payments to Individual Emergency Impact Aid Accounts:	Quarter 1 Count Date October 1, 2005	Quarter 2 Count Date December 1, 2005	Quarter 3 Count Date February 1, 2006	Quarter 4 Count Date April 1, 2006
Who <u>are not</u> receiving special education and related services consistent with IDEA.				
Who <u>are</u> receiving special education and related services consistent with IDEA.				

Kentucky

ELEMENTARY AND SECONDARY EDUCATION HURRICANE RELIEF PROGRAM Application by Local Public School District for Emergency Impact Aid for Displaced Students

Assurances

- I certify that I have received and read a copy of the law governing Emergency Impact Aid for Displaced Students.
- I certify that the school district has contacted all non-public schools within the district's boundaries to notify them of the availability of funding under this program and that the district will review documentation (from parents) to verify the eligibility of any non-public school student included in this application as meeting the definition of displaced student before providing a quarterly payment to Individual Emergency Impact Aid Accounts.
- I certify that the school district will make payments to Individual Emergency Impact Aid Accounts for displaced students enrolled in non-public schools who are counted on this application within 14 calendar days of the school district's receipt of funds provided for this application.
- I certify that the funds will be used by the public school district only for the purposes described in the law governing Emergency Impact Aid for Displaced Students: paying the compensation of personnel in schools enrolling displaced students; identifying and acquiring curricular materials (additional classroom supplies) and mobile educational units and leasing sites or spaces; basic instructional services including tutoring, mentoring, or academic counseling services; and education and support services.
- I certify that the school district will return to the Kentucky Department of Education any payment provided to the eligible school district or eligible non-public school that the district or school has not obligated by July 31, 2006.
- I swear or affirm that the information on eligibility for Emergency Impact Aid for Displaced Students provided herein is accurate and completed and acknowledge that any fraudulent or false statements may result in loss of eligibility and subject the signatory and/or agency to being liable for reimbursement of the funds.
- I certify that I have read the statements contained in this application and that these statements and the data included in this application are, to the best of my knowledge and belief, true, complete and correct. I certify that I am authorized to make the representations and commitments in this application, for and on behalf of the applicant, and otherwise to act as the applicant's authorized representative in submitting this application for funding.

Name & Title of Authorized Representative:	Signature:	Date: